24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign HQ	M M / D D / Y Y Y Y
Mailing Address 109 West Front St	07 06 2019
	Amount
City State Zip Code	2500.00
Brooklyn IN 52211	Transaction ID : SE.13973 Date of Disbursement or Obligation
Purpose of Expenditure Robo calls Category/ Type 004	07
Name of Federal Candidate Support Office	e Sought:
PERRY, JOAN, , ,	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2019	ursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2500.00
(a) SUBTUTAL OF Itemized Independent Experiorities	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Evpenditures	
(c) TOTAL Independent Expenditures	2500.00
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Gross, Jennifer, , ,	-M / D - D / Y - Y - Y - Y
Signature [Electronically Filed] Date	07 03 2019
Olgitale)	